CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

			COVER SHEET PG 1	
The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MB FIRST Preston	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Dodson	7	Received-City Secretary Office Date: //2///	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; PO BOX 1196, Tom	STATE; ZIP CODE	Time: 11:15 AM Date Hand-delivered of Date Postmarked	
Change of Address		77377		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 351 - 407	EXTENSION 78	Receipt # Amount Date Processed	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Dorothy	MI	Date Imaged	
NAME	NICKNAME LAST	SUFFIX	1/12/1)	
	Dodson			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY: STATE; Omball, TX	77375	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 35-1-4078	EXTENSION		
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 31 /	Year / 2010	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year			
	08/14/2010 Primary	Runoff	General	
12 OFFICE	OFFICE HELD (If any) City Council Pos. 5	13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	ES MADE BY OTHERS WITHOUT THE I ONLY IF THEY RECEIVE NOTIFICATIO	CANDIDATE'S PRIOR CONSENT OR APPROVAL.	
EXPENDITURE BY OTHER INDIVIDUALS	Name			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	1		
additional pages				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Presto	in L. Dodson 16	ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
O WWW TEE(S)	COMMITTEE TYPE			
	GENERAL		- 0 = 1 p m	
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
see and the person of th		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	\$ &		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 700,00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 25.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 1332.03	
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOTAL PI	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ &	
Note M	ORIS J. SPEEI ry Public, State of Ter y Commission Expires June 22, 2012	me under Title 15, Election Code.	ormation required to be reported by	
AFFIX NOTARY STAME Sworn to and subs	cribed before m			
Signature of officer admire	of States	Printed name of officer administering ceth	City Secretary	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete the	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	Preston L. Dodson		3 ACCOUNT # (E	thics Commission Filers)
8/3/2010	5 Full name of contributor out-of-state PAC(ID#) Ed Archer		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/0/2	6 Contributor address; City; State; Zip Code 8215 Hayden Cove		200.00	
9 Principal age	Tomball TX 7737	T		of Texas, complete Schedule T)
Con tr	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
8/25/2010	Full name of contributor out-of-state PAC(ID#: David Farrell, Sr. Contributor address; City; State; Zip Code 719 Tall Pines Dr.		Amount of contribution (\$)	In-kind contribution description (if applicable)
op op or	719 Tall Pines Dr. Magnolia TX 773		500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside of netructions)	of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	E. II.			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	. 8	 	
Principal occupa	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8(a	3)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Travel In District	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donations Made By
Fees	Printing Expense	Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
1.00	· · · · ·		OTHER (enter a category not listed above)
	I ne instruction Guide	explains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME		2 ACCOUNT # (Fitting)
2	Practical	$D \cdot I_{\sigma}$	3 ACCOUNT # (Ethics Commission Filers)
	1 tesion L	. Dodson	
4 Date	5 Payee name		
8-6-2010	Tomball Ford	T	
	10/11/34/1 10/8	Inc.	
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
t and old	22702 HW	7 249	
100,00			
•	Tomball TX	フつアフ5	
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event turn		= 5 EUrd
EXPENDITORE	Event Expense	larade a	Car + Oriver - Ford tang
9 Complete ONLY if direct	Candidate / Officeholder name	Office soud	
expenditure to benefit C/O	Н	Onice soug	ht Office held
Date	Payee name		
8-9-2010		D. L. Hr	
8 / 2010	Rayik Kopy Payee address; City: State	Frinting # 5	5 5
Amount (\$)	Payee address; City: State	a: Zin Code	
` '	1215-5 Wes	+ Main St.	
237,73	1213 3 100	I Walk III	
25/2/5	Tomball TX	77375	
PURPOSE	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	\mathcal{P} . I .		A 11
EXPENDITURE	Printing Exp	ense Postac	4 - Bulk Rate
Complete ONLY if direct	Candidate / Officeholder name	Office selec	
expenditure to benefit C/OI	1	Office sough	ht Office held
Date	Payee name		
		11	
8-9-2010	Payee address; City; State	# 555	
Amount (\$)	Payee address; City; State	7in Code	
1 (4)	1 dy 00 door 000, Only, State	s, Zip Cede	
220110	1215-5 Wes	+ Main St.	
229.49	T 1 11 Th	00000	
	Tomball TX	77375	
PURPOSE	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)
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	Candidate / Officeholder name		
Complete ONLY if direct		Office sough	nt Office held
expenditure to benefit C/OF	1		
Date	Payee name		
8-9-2010	Tomball lot	Daueri	
	TOMSAIL 101	1000	
Amount (\$)	Payee address; City; State	; Zip Code	ark FAD
102 22	21901 Tomb	all Parleway	Suite 500
193.20	11. 4	/ ')
	riousiun 1)	77070	
		Day Con	
BURBOSS	Category (See categories tipled at the ten of		
PURPOSE	Category (See categories listed at the top of	unis schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	Category (See categories listed at the top of	Description	(If travel outside of Texas, complete Schedule T)
	Advertising E	Krense Campai	an Advertisement
OF	Category (See categories listed at the top of Advertising & Candidate / Officeholderdame	Mense Campai Office sough	an Advertisement Office held
OF EXPENDITURE	Advertising E Candidate / Officeholderdame	Mense Campai Office sough	an Advertisement
OF EXPENDITURE Complete ONLY if direct	Advertising E Candidate / Officeholderdame	Office sough	an Advertisement Office held

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

-	EXPENDITURE	CATEGORIES	FOR BOX 8/a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	ontract Labor	Loan Repayment/Reim	hurcomont
Accounting/Banking	Legal Services	Solicitation/Fundra	sising Expense	Transportation Equipm	
Consulting Expense Event Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	s Made Rv
Fees	Polling Expense Printing Expense	Travel Out Of Dis		Candidate/Officeho	der/Political Committee
		Office Overhead/F	Renial Expense	OTHER (enter a catego	ory not listed above)
4 7.1.1	The Instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME	7		3 ACCOUNT # (thics Commission Filers)
·····	Preston L.	Dodso	on		Settimosion Filers)
4 Date	5 Payee name				
8-9-2010	Starter Out	Lean			
6 Amount (\$)	7 Payee address; City; Star	te; Zip Code			
. ,	1225 Alma,		D		
126.91	1223 Alma,	3/6,	•		
100011	Tomball TX	フつアフ			
8 PURPOSE	(a) Category (See categories listed at the lop of				
OF	1	•	ł	(If travel outside of Texas, ∞	mplete Schedule T)
EXPENDITURE	Advertising Ex	porse	Sigi	ns	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough		05
expenditure to benefit C/C	OH .		Office addgr		Office held
D-1-					
Date	Payee name		-		
8-12-2010	Spec's Wine Payee address: City; State 27620 High	+ Fine	Foods		
Amount (\$)	Payee address; City; State	e; Zip Code			
	27620 High	upis 2	49		
119.28	T. 1 11 T.				
111178	Tomball TX	アファ	75		
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, con	-data Cata da am
OF	_ / / _				Tiplete Schedule T)
EXPENDITURE	Food / Beverage	Expense	Bever	ages	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	4				
Date	Payee name				
8-13-2010		DI	/		
		Kental	,		
Amount (\$)	Payee address; City; State	; Zip Code	F.		
49.0	30702 SH 2	149			
23,76	Tomball TX	・	74		
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PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Event Expense				
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Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	· · · · · · · · · · · · · · · · · · ·				
Date	Payee name				
_		Dan	4		
8-13-2010	Champion	Vonu Zip Code # 10.	15		
Amount (\$)	Payee address; City; State;	Zip Code	-		
100 110 I	701 E. Main	# 10.	5		
88.40	Tamball Tx	フフアフ			
	IUMOUII (A		·		
PURPOSE	Category (See categories listed at the top of the	his schedute)	Description (II	travel outside of Texas, comp	plete Schedule T)
OF EXPENDITURE	Event Expens		and the second second		
EN ENDITORE	7/25/13	, e	tood -	E Campailegh	
Complete ONLY if direct	Candidate / Officeholder name	5	Office sought		Office held
expenditure to benefit C/OF	1				
	ATTACH ADDITIONAL COP	IES OF THIS SO	CHEDULEASN	EEDED	
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POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission Filers) Preston L. Dodson 4 Date 8-14-2010 Kr09er 6 Amount (\$) 7 Payee address; City: State; Zip Code 14060 F. M. 2920 Tomball TX 77375 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Event Expense Food + Juice Candidate / Office holder name Office sought EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Preston L. Dodson Payee address: City: State: Zip Code 830 Backer Dr. Tomball TX 77375 Category (See categories listed at the lop of this schedule) Peimbursen.out See Schoole G Candidate / Officeholder name Office sought Office held 12-22-2010 Amount (\$) 203.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense

Accounting/Banking

Gift/Awards/Memorials Expense

Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form, 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Preston L. Doc 5 Payee name 4 Date Walmart

7 Payee address; City; State; Zlp Code
27650 Tomball Parlowas 8-13-2010 6 Amount (\$) Reimbursement from political contributions (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) Event Expense EXPENDITURE Table Covers HEB

Payee address; City; State; Zip Code

28520 Tomball Parkway 8-13-2010 Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Event Expense Beverages / Hand Sanitizer Subway Sandwickes + Salads

Payee address; City: State; Zip Code

14080 FM 2920 8-14-2010 Amount (\$) 40,05 Reimbursement from political contributions Tumball TX 77875 Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Event Expense Payee name Date HEB

Payee address; City: State; Zip Code

28520 Toniball Parkway 8-14-2010 Amount (\$) Tomball TX 77375

Category (See categories listed at the top of this schedule)

Food/Beverage Exp.

Description (If travel outside of Texas, complete Schedule T)

Food/Beverage Exp.

watch function PURPOSE OF EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED